

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">9/536620</div>	FILING DATE <div style="font-size: 1.2em;">3-28-60</div>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
2		1								
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TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	46						TOTAL DEP.			
TOTAL CLAIMS	48						TOTAL CLAIMS			